

**FACSIMILE TRANSMISSION  
TO THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**RECEIVED  
CENTRAL FAX CENTER**

MAR 16 2004

**TO: EXAMINER** Thomas J. Magee  
**ART UNIT** 2811  
**EXAMINER'S FAX NUMBER** (703) 872-9306

**OFFICIAL**

**FROM: Peter Zawilski**

**REGISTRATION NUMBER:** 43,305  
**FAX NUMBER:** (408) 474-9082

**RE: SERIAL NO.** 09/737,606  
**DOCKET NO.** US 008082


**4 Pages (including cover sheet)**

**This transmission includes:**

**SB-122 Change of Correspondence Address (1 pg.)**  
**Supplemental Amendment in Response to OA of 26-FEB-2004 (2 pgs.)**

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office  
on March 16, 2004.

  
Peter Zawilski

**Intellectual Property & Standards  
Philips Electronics North American Corporation  
1109 McKay Drive; Mail Stop SJ41  
San Jose, CA 95131 USA  
Tel. (408) 434-3000**

**OFFICIAL**

PTO/SB/122 (10-01)  
 Approved for use through 10/31/2002. OMB 0651-0055  
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <i>Application</i> Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/737,606	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAR 16 2004</b>
	Filing Date	12/14/2000	
	First Named Inventor	Leroux, Pierre	
	Art Unit	2811	
	Examiner Name	Thomas J. Magee	
	Attorney Docket Number	US 008082	

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number **24738** → **24738**  
 OR  
 Type Customer Number here

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name **Peter Zawilski**

Signature *Peter Zawilski*

Date **16-MAR-2004**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.